

Supports Coordinator's Checklist for a Referral for OVR Services

Name of Individual: _____

MCI#: _____

- Individual has signed the SCO's standard "Release of Information Form"
[Step 1] Date: _____ SC Initials: _____
- SC has provided the designated OVR liaison with the individual's current ISP and the following supporting documentation, if available **[Step 2]**:
 - Psychological Evaluation containing diagnoses;
 - Photo ID;
 - Vocational Evaluations/Assessments; and
 - Any other relevant medical/psychological/educational records
Date: _____ SC Initials: _____
- SC has assisted the individual in completing the OVR Pre-Application (Form 810) either online or in hard-copy form, or has verified that another person (such as a family member) has assisted the individual in completing the OVR Pre-Application **[Step 3]** Date: _____ SC Initials: _____
- SC has notified their designated OVR liaison when the pre-application has been submitted. If the Supports Coordinator helped the individual fill out the hard-copy version of the pre-application, the Supports Coordinator should ask the OVR liaison for his or her preferred method of receipt of the hard copy application and supporting documentation. The Supports Coordinator should also indicate if he or she would like to be notified when the intake interview is scheduled. **[Step 4]** Date: _____ SC Initials: _____
- SC has documented in the individual's ISP the date that the OVR pre-application was submitted to OVR **[Step 5]** Date: _____ SC Initials: _____
- SC has submitted this form to OVR and to their organization's designated medical record system **[Step 6]** Date: _____ SC Initials: _____

Printed SC Name: _____

SC Signature: _____

Date in which all steps have been completed: _____

Please place a checkbox next to the ODP employment service the individual is interested in receiving:

- *Supported Employment (ID/A Waivers and Adult Autism Waiver)
- *Advanced Supported Employment (ID/A Waivers)
- *Career Planning (Adult Autism Waiver)
- Small Group Employment (ID/A Waivers) and Transitional Work (Adult Autism Waiver) (Under Age 25)
- Community Participation Support – Prevocational Component (Under Age 25)

*Subject to 120-day eligibility determination provision as described in the Joint Referral Bulletin